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CONFIRMATION NO. 3883

<b>SERIAL NUMBER</b> 10/578,673	<b>FILING or 371(c) DATE</b> 05/09/2006 <b>RULE</b>	<b>CLASS</b> 114	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b>	
<b>APPLICANTS</b> Amr Ali Al-Hossary, Damietta, EGYPT; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EG04/00046 11/09/2004 <b>** FOREIGN APPLICATIONS *****</b> EGYPT 2003111025 11/11/2003 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 11/17/2006					
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/NINA ARCHIE/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> EGYPT	<b>SHEETS DRAWINGS</b> 0	<b>TOTAL CLAIMS</b> 9	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> Ali Mokhtar Al Hossary 12 El- Morsy Street ard Eel-Etr Al Sananeyyah Domietta post code, 34713 EGYPT					
<b>TITLE</b> AN INTRAVENOUS DEVICE AND METHOD FOR REMOVING OF MYOGLOBIN FROM CIRCULATING BLOOD					
<b>FILING FEE RECEIVED</b> 680	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		